

Section of Otology

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November 12, 1926; afternoon.—Patient comfortable, answered questions readily. Temperature, 98.6° F.; pulse, 70; left-sided facial weakness still present: left pupil smaller than right, both reacting to light; coarse horizontal changing nystagmus, more marked to left than right; knee- and ankle-jerks exaggerated; Kernig's sign negative; rigidity of neck unchanged; inco-ordination of left arm shown by nose-finger-nose test; diadokokinesis positive for left arm.

Later same afternoon patient suddenly complained of intense headache and required morphia to ease him.

November 13, 1926; morning.—Patient could not be roused. Reflexes as on previous day; pulse 56 to 60. Seen by Dr. Symonds, who diagnosed left-sided cerebellar abscess and advised immediate operation. Pulse gradually rose, and immediately before operation was 90 and irregular. At operation (R.J.C.) a large abscess was found in left cerebellar lobe with 1 oz. of serous foul-smelling pus, cerebro-spinal fluid hazy. Patient made a good recovery and was discharged on December 22, 1926.

Left-sided Temporo-sphenoidal Abscess with Aphasia.

By W. M. MOLLISON, M.Ch.

For account of case see E. H. Richards, in *Guy's Hospital Reports*, 1924, lxxiv, 109.

Superficial Abscess of the Brain.

By W. H. OGILVIE, M.Ch. (introduced by Mr. T. B. LAYTON).

See *Proceedings*, 1922, vol. xv (Sect. Otol.), 39.

After-history.—For the first two months after discharge from hospital there was some mental confusion, and she was very emotional. Since that time she has had no trouble. She has had no fits or fainting attacks. In spite of long absence she was in the top class at school. At the age of 14 she was hit over the skull defect by a cricket ball, and was unconscious for one hour. She now earns a living by making hats.

Present Condition.—General health good. There is an extensive cranial defect, but no tenseness or protrusion of cranial contents. Deafness in left ear.

Slight facial weakness on right side. Motor power and reflexes in limbs equal on both sides. Grip of right hand as good as that of left. No astereognosis on right side, movements a little more deliberate than those of the left hand. No sensory impairment.

Superficial Abscess of the Brain.

By C. GILL-CAREY, F.R.C.S.Ed.

GIRL, aged 9. Admitted to hospital April 8, 1926, with acute mastoiditis (left). Operation same day; pus in mastoid cells; dura mater of middle fossa injured but not perforated by a spicule of bone.

Convalescence uneventful until April 29, when, at 3 a.m., she became unconscious and foamed at the mouth; and coarse tremors developed on the whole of the right side of the body. Consciousness regained at 8 a.m. Movements of the right side were then localized to the leg.

Operation same day. Dura opened at the site of injury and pus found about $\frac{1}{4}$ in. from the surface.